

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9337

State File No. 2820

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1109 Hornsby Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Alta May Ballenger

8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 11 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 14 hr. min.

9. Birthplace Independence Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Guthrie

13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Farver

15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dollie Avouris  
(b) Address 1109 Hornsby Ave.

17. (a) Removal (b) Date thereof 3-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetary

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) Mar 26/40 (b) J. F. Barker  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1109 Hornsby Ave.  
(If rural, give location)  
(e) If foreign born, how long in U.S.A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar. day 24th  
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 31 19 40 to Mar. 24 19 40

that I last saw h. or on 3/24 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 3

Due to

Due to

Other conditions Fracture of R. Humerus 1 week  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 27 1940

(c) Where did injury occur St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury Slipped & fell

23. Signature J. F. Barker (M. D. or other)

Address 8321 N. Broadway Date signed 3/26/40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No:.....

working under my personal supervision.

Signed

*J. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**